



STATE OF MARYLAND

DHMH

Department of Health and Mental Hygiene

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**MARYLAND BOARD OF SOCIAL WORK EXAMINERS**

4201 Patterson Avenue,  
Baltimore, Maryland 21215 – 2299  
Web Site: [www.dhmh.maryland.gov/bswe](http://www.dhmh.maryland.gov/bswe)

Phone Number: 410-764-4788  
Toll Free: 1-877-526-2541  
Fax: 410-358-2469

January 2014

Dear Applicant:

Enclosed is an application for **CONTINUED APPROVAL** to sit for a licensing examination. Continued approval means that the Maryland Board of Social Work Examiners (the “Board”) previously approved an application for licensure and the approval to sit for the examination has expired.

Please note that the **application fee is non-refundable.**

**PLEASE SUBMIT ORIGINAL COPIES OF ALL FORMS** and keep a copy for your records. **Please review all of the material very carefully.**

**The application for continued approval must meet the current licensing requirements. Your previous application will be reviewed along with the application for continued approval. You will be contacted if any additional information or documentation is needed.**

For further information or clarification, please contact the Board office at 410-764-4788 or toll free at 1-877-526-2541.

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## **APPLICATION FOR CONTINUED APPROVAL**

### **INSTRUCTIONS**

**ALL DOCUMENTATION MUST BE ORIGINAL, ON THE FORMS CURRENTLY IN USE BY THE BOARD AND SUBMITTED AS A COMPLETE APPLICATION PACKET**

**DOCUMENTATION CONTAINING WHITE OUT OR CORRECTIONS WILL NOT BE ACCEPTED BY THE BOARD.**

**ALL SECTIONS OF THE FORMS SHOULD BE COMPLETED IN BLUE INK**

### **CHECK LIST:**

Please use the following check list to be certain your application packet is complete.

- ☐ Check or money order, payable to the Maryland Board of Social Work, for \$100
- ☐ Application form
- ☐ Three Professional Reference Forms
- ☐ Official BSW or MSW transcript should be on file with the Board  
(do not submit unless requested)
- ☐ For Advanced Generalist or Clinical examinations, the documentation of social work experience and social work supervision should be on file with the Board (do not submit unless requested)
- ☐ **Criminal History Records Check (CHRC)** – First submit your completed application then complete the CHRC

**PLEASE DO NOT SEND THE ITEMS LISTED ABOVE SEPERATELY**

PLEASE NOTE: Applicants will be **notified** of the status of their applicant through the **email address** provided on the application form. Please be sure your email address is legible, accurate and current. Set your computer to accept emails from the Board so the notifications do not go into **SPAM**. Please provide the Board with changes in your email address. **PLEASE DO NOT CLICK THE 'UNSUBSCRIBE' LINK FROM AN EMAIL SENT FROM THE BOARD.**

### **DOCUMENTATION:**

All documentation and required forms must be mailed to the Board in **one** application packet. The applicant must use the forms currently in use by the Board and the forms must contain original signatures in blue ink. The Board cannot accept copied or faxed documents. It is recommended that applicants keep copies of all the documentation and communications submitted to the Board.

### **APPLICATION FORM:**

All items on the application form must be completed and the "Applicant's Affidavit" must be signed and dated. It does not need to be notarized.

### **NAME:**

Your name will appear on all documents and correspondence as you list it on the application form. Please note:

- 1) the name must be your **legal** name
- 2) the name on your driver's license or identification card must match
- 3) the license will be issued in the name listed on your application

### **RACE / ETHNIC IDENTIFICATION:**

Check all that apply.

American Indian or Alaska Native (A person having origins in any of the original peoples of North or South American, including Central America and who maintain tribal affiliations or community attachments)

Asian (A person having origins in any of the original peoples of the Far East, Southeast Asian, or the Indian subcontinent including, for example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.)

Black or African American (A person having origins in any of the black racial groups of Africa.)

Native Hawaiian or other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

Answer the question with a yes or a no.

Are you of Hispanic or Latino origin? (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.)

### **QUESTIONS #1 THROUGH #6:**

Answer all questions with a yes or no. For each question answered with a yes, please attach a detailed narrative/explanation. For questions #4 and #5 also provide a certified copy of the police/court record and final disposition.

### **PROFESSIONAL REFERENCE FORM:**

The references you submitted with your previous application are at least two years old and current references are required. Using the enclosed forms, applicants are required to submit three (3) professional references.

### **ASSOCIATION OF SOCIAL WORK BOARDS (ASWB) EXAMINATIONS:**

**Without exception,** all applicants must pass the examination administered by ASWB which is required for the licensure level. [www.aswb.org](http://www.aswb.org)

**The examination fee is paid to the ASWB,** the examinations are taken on computers and can be scheduled Monday through Saturday. The applicant knows immediately if she/he passed or failed the examination.

### **OFFICIAL SCORE REPORT:**

Once a week, the Board receives from ASWB, the pass and fail scores of all the Maryland applicants who took the test the prior week.

### **EXAMINATION REVIEW:**

The Board adheres to ASWB's policy which does not permit candidates to review failed examinations.

### **OFFICIAL ADDRESS OF RECORD:**

Please note that the address provided to the Board is the official address of record and is considered part of a public record.

### **NOTIFICATION OF CHANGE IN NAME OR STREET ADDRESS OR EMAIL ADDRESS:**

It is the responsibility of the applicant/licensee to notify the Board promptly of any change in contact information. For a change in address, postal and / or email, please use the form on the Board's website. For a change in name, please mail or fax a copy of legal documentation to the Board. The Board's newsletter and various notifications are sent to licensees using the email address. **PLEASE DO NOT CLICK THE 'UNSUBSCRIBE' LINK FROM AN EMAIL SENT FROM THE BOARD.**

### **USE OF DATES:**

When a date is requested, please enter a date (month/day/year). Do NOT use the expression "to the present." It is appropriate to enter a date and also indicate "ongoing."

### **FEE:**

A \$100.00 non-refundable application fee, payable to the Maryland Board of Social Work Examiners, by check or money order, is due with the application.

**A \$75 non-refundable initial license fee is required after the applicant passes the examination.**

**DO NOT SUBMIT THE \$75 FEE WITH THE APPLICATION**



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**NOTICE OF CRIMINAL HISTORY RECORDS CHECK**

**Effective January 1, 2014**

Effective January 1, 2014 the Maryland Board of Social Work Examiners (the “Board”) is mandated to require applicants for licensure to submit to a full Criminal History Records Check which includes both State and FBI checks. The statute, which allows the Board to receive this information, is Health Occupations Article, Annotated Code of Maryland, Title 19 Social Workers, sections §19-302(a)(6) and §19-302.2. The legislation authorizing the Board to collect this information is House Bill 806 and Chapter 391.

Criminal History Records Checks are conducted by being fingerprinted. In order to be fingerprinted you will need the following: **CJIS Authorization #1300005486** **FBI ORI #MD920513Z**

The cost is **\$54.50** (\$34.50 is the cost of the background check and \$20.00 is the cost of the fingerprinting service). The fee must be paid directly to the provider. **Cash is not accepted. All fees must be paid by major credit card, check or money order in United States currency. The Central Repository cannot accept cash.**

For additional information contact CJIS, Criminal Justice Information System at 410-764-4501 and for a current listing of fingerprinting providers please go to <http://www.dpscs.maryland.gov/publicservs/fingerprint.shtml>

**FOR FAST AND ACCURATE SERVICE**

1. When requesting a Criminal History Records Check, from the State and FBI, you must inform the fingerprinting center, “provider,” that you are applying to the Maryland Board of Social Work for licensure and provide the authorization numbers (listed above.)
2. You must bring a valid form of government identification to the fingerprinting center, “provider,” you have selected from the list. (Examples: driver's license, Certificate of Naturalization, passport, Alien Registration Card, or Military Identification).
3. Complete the Livescan Pre-registration Application and bring it to any fingerprinting center. Fingerprinting providers please go to <http://www.dpscs.maryland.gov/publicservs/fingerprint.shtml>
4. Bring payment as indicated. Major credit cards, check or money order in United States currency. Cash is not accepted.
5. Do not send the Maryland Social Work Board any receipts. The Board will receive the results from the Criminal History Records Check directly from CJIS, usually within 5 business days.
6. If the Board has not contacted you within 7 business days, please do not contact the Board. Please contact the provider you used for fingerprinting to verify when it was submitted.
7. **Even if you had a recent background check, a “NEW” background check is required as part of the licensing process.**

(MD-BSWE – Notice Included in Application – January 2014)



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**MARYLAND BOARD OF SOCIAL WORK EXAMINERS**

**CHRC – CRIMINAL HISTORY RECORDS CHECK**

**FOR APPLICANTS RESIDING IN MARYLAND**

#

Step #1 Mail your application for licensure to the Board

**Do Not Complete the CHRC before you submit your application in licensure**

Step #2 Take the “Livescan Pre-Registration Application” to a fingerprinting location

**Do Not Mail the “Livescan Pre-registration Application” to the Board**

For a current listing of fingerprinting providers in Maryland go to  
<http://www.dpscs.maryland.gov/publicservs/fingerprint.shtml>

**FOR APPLICANTS RESIDING IN ANOTHER STATE** #

**The CHRC application **cannot** be faxed or emailed to you**

Step #1 Mail your application for licensure to the Board

Step #2 Send an email to:

Beverly Lewis – [beverly.lewis@maryland.gov](mailto:beverly.lewis@maryland.gov)

Step #3 Indicate that your application for licensure was mailed and that you are currently residing in another State

Step #4 Request an application for a Criminal History Records Check

Step #5 Provide your legal name & your out-of-state mailing address

Step #6 You will receive 2 fingerprinting cards and a return envelope

Step #7 Go to a fingerprinting location in your area to be finger printed

Step #8 Mail the 2 cards, using the return envelope, to CJIS, P.O. Box 32708, Pikesville MD 21282-2708

**Do Not Mail the Application for a CHRC to the Board**



**STATE OF MARYLAND**  
**DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES**  
**CRIMINAL JUSTICE INFORMATION SYSTEMS - CENTRAL REPOSITORY**

**LIVESCAN PRE-REGISTRATION APPLICATION**

**APPLICANT INFORMATION (PLEASE TYPE OR PRINT CLEARLY)**

Name

Date of Birth  SSN  Gender: ☐ Male ☐ Female (Please Check)

Height:  ft.  inches Weight  lbs. Eye Color  Hair Color

Race ☐ American Indian/ Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Pacific Islander  
☐ White ☐ Other ( Please Check)

Place of Birth  Citizenship

Current Address

City  State  Zip Code

Daytime Phone  Evening Phone  Driver's License

**AGENCY INFORMATION**

Agency Authorization #: 1300005486 Reason fingerprinted? Social Work License

ORI # (if required): MD920513Z

Position Applied for: N/A

Request Type: ( Choose only one)

<input type="checkbox"/> Adult Dependent Care	<input type="checkbox"/> Government Licensing or Certification
<input type="checkbox"/> Attorney /Client	<input type="checkbox"/> Immigration / Visa
<input type="checkbox"/> Child Care	<input type="checkbox"/> Individual Challenge
<input type="checkbox"/> Criminal Justice	<input type="checkbox"/> Individual Review
<input type="checkbox"/> Gold Seal / Adoption	<input type="checkbox"/> MSP Licensing
<input type="checkbox"/> Gold Seal / Letter / Visa	<input type="checkbox"/> Private Party Petition
	<input type="checkbox"/> Public Housing

**Mail Response to:**

(Mailing option only available for Visa Gold Seal and /or Individual Review)

Name

Address

City  State  Zip Code





## EDUCATION

Name on Official Transcript \_\_\_\_\_

Year BSW / MSW Obtained \_\_\_\_\_

College / University \_\_\_\_\_

State \_\_\_\_\_

## LICENSES / REGISTRATIONS / CERTIFICATIONS HELD

License number, issuance and expiration date can be found on the Board's website

List **ALL** ( Active, Inactive or Non-Renewed) HELD in ANY state including Maryland.

State	License Number	License Type	Issuance Date	Expiration Date	History of Discipline		FOR BOARD USE ONLY
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	

## ANSWER ALL QUESTIONS

FOR EACH QUESTION ANSWERED WITH A YES PLEASE ATTACH A DETAILED EXPLANATION.

FOR QUESTIONS # 4 AND # 5 ALSO PROVIDE A CERTIFIED COPY OF THE POLICE/COURT RECORD AND FINAL DISPOSITION.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	1) Have you provided social work services while under the influence of alcohol, a narcotic, a controlled dangerous substance, or other drug that is in excess of prescribed amounts or without valid medical indication?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	2) Has any State Licensing or Disciplinary Board, or a comparable body in the Armed Services denied your application for licensure, reinstatement, renewal, or taken any action against your license, including but not limited to reprimand, suspension, or revocation?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	3) Have you ever voluntarily surrendered your license due to a violation of state licensing law(s)?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	4) Have you pled guilty to, nolo contendere to, been convicted of, or received probation before judgment for any criminal act (excluding misdemeanor traffic violations)?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	5) Have you pled guilty to, nolo contendere to, been convicted of, or received probation before judgment for driving while under the influence of alcohol, while under the influence of alcohol per se, while impaired by alcohol, or while impaired by a drug, a combination of drugs, a combination of one or more drugs and alcohol, or while impaired by a controlled dangerous substance.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	6) Has a claim for damages been awarded or settled against you resulting from a malpractice suit?

## APPLICANT'S AFFIDAVIT

**ALL FORMS / DOCUMENTATION MUST BE ORIGINALS**

I do hereby affirm that all statements made herewith are true and correct to the best of my knowledge and belief. Furthermore, I voluntarily consent to a thorough review of my present and past employment and other activities for the purpose of verifying my qualifications for licensure.

Date \_\_\_\_\_

Signature \_\_\_\_\_



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### PROFESSIONAL REFERENCE FORM FOR CONTINUED APPROVAL

**THE FOLLOWING SECTION IS COMPLETED BY THE APPLICANT** Please complete and sign in **BLUE INK**

I am applying for Maryland social work license as a:

- ☐ Licensed Bachelor Social Worker "LBSW"      ☐ Licensed Graduate Social Worker "LGSW"  
☐ Licensed Certified Social Worker "LCSW"      ☐ Licensed Certified Social Worker - Clinical "LCSW-C"

Applicant's Name  Home Number   
Current Mailing Address  Office Number   
City  State  Zip Code  Cell Number

To:

Name of Reference   
Address   
City  State  Zip Code

I am applying for social work licensure in Maryland at the above indicated level.

**Please complete the following affidavit AND RETURN THE ORIGINAL SIGNED FORM TO ME by:**

**SIGNATURE** \_\_\_\_\_

**DATE**

### AFFIDAVIT

I have known the applicant since (year) ☐ Less Than 1 year in the capacity of \_\_\_\_\_  
☐ 1 - 3 Years (supervisee, colleague, administrator)  
☐ 4 - 6 Years (A reference cannot be a relative or a friend)  
☐ 7 - 10 Years

I do solemnly declare and affirm, under the penalties of perjury, that the above statement(s) are true and correct, and I hereby recommend this applicant for licensure.

Name of Reference  Position/Title   
Address  Phone Number   
City  State  Zip Code

**SIGNATURE** \_\_\_\_\_

**DATE**



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- ☐ Licensed Bachelor Social Worker "LBSW"      ☐ Licensed Graduate Social Worker "LGSW"  
☐ Licensed Certified Social Worker "LCSW"      ☐ Licensed Certified Social Worker - Clinical "LCSW-C"

Applicant's Name  Home Number   
Current Mailing Address  Office Number   
City  State  Zip Code  Cell Number

To:

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Address   
City  State  Zip Code

I am applying for social work licensure in Maryland at the above indicated level.

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Applicant's Name  Home Number   
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**DATE**

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Name of Reference  Position/Title   
Address  Phone Number   
City  State  Zip Code

**SIGNATURE** \_\_\_\_\_

**Date**